

Power of attorney

Principal

Name

Social security number or Business ID

Address

Postal code and city

Phone

E-mail

With this document, the principal authorizes Janne Nuutinen and Päivi Riutta, attorneys of Tammer-Juristit Oy, Hetalisa Mustonen, Master of Laws (trained on the bench) and other staff to take all necessary measures regarding the following matters:

Insurance company name: _____

The authorized person has the right to obtain all necessary information about the principal and the above-mentioned matter from the insurance company, state, municipal or other authorities, private financial institutions, or other private parties, notwithstanding any secrecy regulations. The authorized person has the right to see and take possession of the documents, as well as the right to obtain copies of the documents he needs.

The other terms of the assignment have been agreed separately.

Place and time

Signature and clarification of name